

When a SEPARATE RETURN must be made for each, and the number of each, in order of birth. This certificate must be filed by the attending Physician or Midwife with the Local Registrar within 3 days after birth.

PLACE OF BIRTH		ARIZONA TERRITORIAL BOARD OF HEALTH	
County of _____		BUREAU OF VITAL STATISTICS.	80 35
District of _____		ORIGINAL CERTIFICATE OF BIRTH.	Co. Registrar No. 103
Town of _____			Local Registrar's No. _____
City of _____			
(No. _____)		St; _____ Ward)	
FULL NAME OF CHILD <u>Frederic</u>		<u>Gaynor</u> Born <u>YES</u>	
If child is not named, make Supplemental Report on blank obtainable from local registrar.			
Sex of Child <u>Male</u>	Twin, Triplet or other <u>X</u>	Number in order of birth <u>X</u>	Legitimate? <u>yes</u>
Date of Birth <u>June 5</u> 19 <u>12</u>		(Month) (Day) (Yr.)	
FATHER		MOTHER	
Full Name <u>Robert Emmett Gaynor</u>	Full Maiden Name <u>Laura Sanick</u>		
Residence <u>Line Oak</u>	Residence <u>Line Oak</u>		
Color or Race <u>W</u>	Color or Race <u>W</u>		
Age at last Birthday <u>30</u> (Years)	Age at last Birthday <u>29</u> (Years)		
Birthplace <u>Los Angeles Cal</u>	Birthplace <u>Pinal Arizona</u>		
Occupation <u>Miner</u>	Occupation <u>House wife</u>		
Number of child of this mother <u>5</u>	Number of children, of this mother, now living <u>4</u>	Were Precautions taken against Ophthalmia neonatorum? <u>X</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of above child; and that it occurred on <u>June 5</u> 19 <u>12</u> , at <u>12 P</u> M			
{ *When there is no attending physician or midwife, then the householder should make this return.		(Signature) <u>W.E. MacArthur</u>	
Given or christian name added from a supplemental report _____ 191__		(Attending physician, midwife, householder. *)	
Address <u>Superior Ariz</u>			
079-605-322		B.S. Fox	
COUNTY REGISTRAR		B.S. Fox	
		COUNTY REGISTRAR.	

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